

(1) PLACE OF BIRTH

County of LuhmTownship of Bozzor
Inc. Town of

City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. 2651

 Registration District No. 2-B Registered No. 18
 (For use of Local Registrar)

 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. 84) (St. 18) (Word)

 (2) Full Name of Child Lucia Kathleen Neal If child is not yet named, make supplemental report as directed

(2) SEX OF CHILD <u>Y</u>	(3) Type or Figure <u>-</u>	(4) Number by order of birth <u>-</u>	(5) Sex of Mother <u>Y</u>	(6) DATE OF BIRTH <u>2/25/33</u> (Month) (Day) (Year)
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FATHER. (7) FULL NAME <u>Reginald A. Neal</u> (8) PRESENT POST OFFICE OF FATHER <u>Granville S. C.</u> (9) COLOR OR RACE <u>W</u> (11) AGE AT LAST BIRTHDAY <u>21</u> (Year) (12) BIRTHPLACE <u>Luhm S. C.</u> (13) OCCUPATION <u>Miss of state</u> (14) Number of children born to mother, including present birth <u>1</u>		MOTHER. (15) NAME BEFORE MARRIAGE <u>Lucy Sheppard</u> (16) PRESENT POST OFFICE OF MOTHER <u>Granville S. C.</u> (18) COLOR OR RACE <u>W</u> (17) AGE AT LAST BIRTHDAY <u>30</u> (Year) (19) BIRTHPLACE <u>Luhm S. C.</u> (20) OCCUPATION <u>House Wife</u> (21) Number of children of this mother now living, including present birth <u>1</u>	
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

 (22) I hereby certify that I attended the birth of this child, who was born at 9:40 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

 (23) (Signature) S. A. Neal
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife Granville S. C.

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

 (27) Filed March 4th 1933 at Hotel Turnbull, S. C. Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.
 If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 1.

Revised by Columbia, S. C.